

**STATE OF MISSOURI**

DIVISION OF PROFESSIONAL REGISTRATION

**CONSENT TO EXAMINE AND AUDIT ESCROW OR TRUST ACCOUNT**

MISSOURI REAL ESTATE COMMISSION  
 3605 MISSOURI BOULEVARD  
 P.O. BOX 1339  
 JEFFERSON CITY, MO 65102  
 (573) 751-2628 FAX (573) 751-2777  
[www.pr.mo.gov/realestate.asp](http://www.pr.mo.gov/realestate.asp)

**339.105, RSMo requires that all funds belonging to others and held by the broker must be maintained in an escrow or trust account, registered on a consent form. Do not register brokerage operating accounts.**

**This section must be completed by Individual Broker or Designated Broker of Corporation, Association (LLC) or Partnership.**

NAME OF CORPORATION, ASSOCIATION (LLC), PARTNERSHIP, OR INDIVIDUAL BROKER		LICENSE NUMBER OR SOCIAL SECURITY NUMBER
ADDRESS OF PRINCIPAL PLACE OF BUSINESS (INCLUDE NUMBER, STREET, CITY, STATE, ZIP CODE)		
MAILING ADDRESS IF DIFFERENT THAN PRINCIPAL PLACE OF BUSINESS (STREET, PO BOX, CITY, STATE, ZIP CODE)		BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE)

**A. NEW ACCOUNT(S) - Fully complete this section and sign in Section E. IDENTIFY THE ACCOUNT NUMBER AS SHOWN ON THE BANK STATEMENT. DO NOT INCLUDE BANK ROUTING NUMBER, CHECK NUMBER, OR THE DEPOSIT NUMBER.**

1. NAME OF FINANCIAL INSTITUTION	CITY AND STATE	ACCOUNT NUMBER *	TYPE OF ACCOUNT <input type="checkbox"/> SALES ESCROW <input type="checkbox"/> PROPERTY MGMT <input type="checkbox"/> OTHER _____
2. NAME OF FINANCIAL INSTITUTION	CITY AND STATE	ACCOUNT NUMBER *	TYPE OF ACCOUNT <input type="checkbox"/> SALES ESCROW <input type="checkbox"/> PROPERTY MGMT <input type="checkbox"/> OTHER _____
3. NAME OF FINANCIAL INSTITUTION	CITY AND STATE	ACCOUNT NUMBER *	TYPE OF ACCOUNT <input type="checkbox"/> SALES ESCROW <input type="checkbox"/> PROPERTY MGMT <input type="checkbox"/> OTHER _____

**B. CHANGE IN BANK NAME OR ACCOUNT NUMBER - Fully complete this section and sign in Section E. IDENTIFY THE ACCOUNT NUMBER AS SHOWN ON THE BANK STATEMENT. DO NOT INCLUDE BANK ROUTING NUMBER, CHECK NUMBER, OR THE DEPOSIT NUMBER.**

FROM: NAME OF FINANCIAL INSTITUTION	CITY AND STATE	ACCOUNT NUMBER *	TYPE OF ACCOUNT <input type="checkbox"/> SALES ESCROW <input type="checkbox"/> PROPERTY MGMT <input type="checkbox"/> OTHER _____
TO: NAME OF FINANCIAL INSTITUTION	CITY AND STATE	ACCOUNT NUMBER *	TYPE OF ACCOUNT <input type="checkbox"/> SALES ESCROW <input type="checkbox"/> PROPERTY MGMT <input type="checkbox"/> OTHER _____

**C. ACCOUNT(S) CLOSED - If closing an escrow account and other existing escrow accounts will remain open, complete this section, and sign in Section E. If closing ALL escrow accounts and license status remains the same, complete this section as well as Section D, and sign in Section E.**

1. NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER *	DATE CLOSED
2. NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER *	DATE CLOSED
3. NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER *	DATE CLOSED

I hereby authorize the designated financial institution(s) to allow a representative of the Missouri Real Estate Commission to examine and audit the account(s) mentioned above and to disclose to its representatives the originals or copies of the following records: Bank Statements, Deposit Tickets, Deposit Items, Credit and/or Debit Memos, Signature Card, and/or Cancelled Checks.

**D. This section is to be completed only if broker or entity will not be maintaining an escrow account - one box must be checked.**

**I do not maintain an escrow account for the following reason:**

- ☐ All monies will be held by a title company, escrow company, or attorney.
- ☐ I will not sell, buy, exchange, rent, lease, or manage residential or commercial property not my own.

I hereby acknowledge that all funds not my own coming into my possession are required, as provided in 339.105, RSMo, 20 CSR 2250-8.120, and 20 CSR 2250-8.220, to be deposited in an escrow or trust account. I hereby certify that I will not handle any money or funds for others in any real estate transaction. In the event I possess funds of another I will deposit these funds with a title company, escrow company, or attorney or I will immediately open and register an escrow account with the Commission.

**E. Signature of Individual Broker or Designated Broker of Corporation, Association (LLC) or Partnership Required.**

SIGNATURE OF BROKER	DATE	PRINT OR TYPE BROKER'S NAME
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